

JUL-26-02 03:46 PM DOROTHY WILLIAMS

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PAGE 182

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GROUP 1700

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Total Number of Pages in This Submission 15

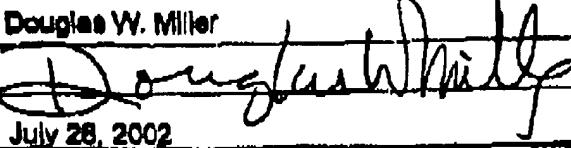
Application Number	09/955,507
Filing Date	September 16, 2001
First Named Inventor	Crowther, et al.
Group Art Unit	1713
Examiner Name	Rob Rabago
Attorney Docket Number	1999UD33.US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority <input type="checkbox"/> Documents) <input type="checkbox"/> Response to Missing Part/ <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Response to Missing Parts <input type="checkbox"/> under 37 CFR 1.82 or 1.83	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition To Convert a Provisional <input type="checkbox"/> Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence <input type="checkbox"/> Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____	<input type="checkbox"/> After Allowance <input type="checkbox"/> Communication to Group <input type="checkbox"/> Appeal Communication to <input type="checkbox"/> Board of Appeals and <input type="checkbox"/> Interferences <input type="checkbox"/> Appeal Communication to <input type="checkbox"/> Group <input type="checkbox"/> (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) <input type="checkbox"/> (please identify below): PTO-2004-1 Credit Card Payment Paid
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REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Or Individual Name	Douglas W. Miller	Registration No.	36,808
Signature			
Date	July 26, 2002		

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PAGE 01/06

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P.01

TRANSMITTAL FORM

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		Application Number	09/655,507
		Filing Date	September 15, 2001
		First Named Inventor	Crowther, et al.
		Group Art Unit	1713
		Examiner Name	Rob Rabago
Total Number of Pages in This Submission	59	Attorney Docket Number	1998U023.US

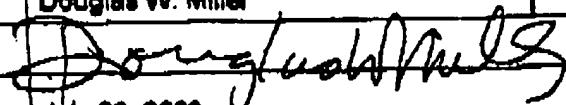
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<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After First Amendment/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Disclosure(s) (please identify below) PTO-2009-0159-Cards Payment Form
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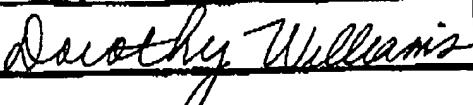
Firm or Individual name	Douglas W. Miller	Registration No.	36,808
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FEE CALCULATION

1. FILING FEE

Large Entity	Small Entity	Fee	Fee	Fee	Description	Fee Paid
Code (8)	Code (9)	Code (8)	Code (9)	Code (8)	Fee Description	Fee Paid
181 740	201 370	Utility filing fee	_____	_____	_____	_____
108 320	208 168	Design filing fee	_____	_____	_____	_____
107 510	207 365	Plant filing fee	_____	_____	_____	_____
108 740	208 370	Reissuance filing fee	_____	_____	_____	_____
114 160	214 80	Provisional filing fee	_____	_____	_____	_____

SUBTOTAL (1) **(S) _____**

2. CLAIMS

Total Claims	Extra	Fee Item	Fee	Fee	Fee	Fee
103 18	203 9	Claims in excess of 20	_____	_____	_____	_____

Independent Claims

Independent Claims	Extra	Fee Item	Fee	Fee	Fee	Fee
102 84	202 42	Independent claims in excess of 3	_____	_____	_____	_____

or number previously paid, if greater; For Reissues, see below

Large Entity	Small Entity	Fee	Fee	Fee	Description	Fee Paid
Code (8)	Code (9)	Code (8)	Code (9)	Code (8)	Fee Description	Fee Paid
103 18	203 9	Claims in excess of 20	_____	_____	_____	_____
102 84	202 42	Independent claims in excess of 3	_____	_____	_____	_____
104 280	204 140	Multiple dependent claim	_____	_____	_____	_____
108 84	208 42	** Reissues independent claims over original patent	_____	_____	_____	_____
110 18	210 9	** Reissues claims in excess of 20 and over original patent	_____	_____	_____	_____

SUBTOTAL (2) **(S) _____**

SUBMITTED BY

Typed or Printed Name	Signature	Reg. Number	36,000	Telephone	713-750-7799
Douglas W. Miller	<i>Douglas W. Miller</i>	36,000		Date	July 26, 2002

gwen@ipso.com/transmittal.doc

Revised 3/98 (dk)

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PAGE 02/06

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P. 03

FEE TRANSMITTAL

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FEE CALCULATION

1. FILING FEE

Large Entity Small Entity	Fee	Fee	Fee	Description	Fee Paid
Code 00	Code 00	Code 00	Code 00		
101 740	201 370	Utility filing fee			
102 530	202 165	Design filing fee			
107 510	207 255	Plant filing fee			
108 740	208 370	Reissue filing fee			
114 100	214 80	Provisional filing fee			

SUBTOTAL (1) **(1) \$180.00**

2. CLAIMS

Total Claims	- 20* =	Fee from table	Fee Paid

Independent Claims	- 3* =	X	*	

Multiple Dependent Claim		X		

* or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity	Fee	Fee	Fee	Description	Fee Paid
Code 00	Code 00	Code 00	Code 00		
103 10	203 0	Claims in excess of 20			

102 84 202 42	Independent claims in excess of 3
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104 250	204 140	Multiple dependent claim
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109 84 209 42	** Reissue independent claims over original patent
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110 10 210 0	** Reissue claims in excess of 20 and over original patent
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SUBTOTAL (2) **(2) \$180.00**

SUBMITTED BY

Typed or Printed Name **J. Douglas W. Miller**

Reg. Number

36,630

Complete if applicable

Telephone

713-780-7799

Signature **J. Douglas W. Miller**

Date

July 26, 2002

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